# DISTRICT JUDICIAL NOMINATION COMMISSION AND OFFICE OF THE GOVERNOR JOINT JUDICIAL BACKGROUND INFORMATION

The following information is not required by law, and will be deemed to have been submitted to the District Judicial Nominating Commission and the Office of the Governor in confidence. The information contained within this application will only be used for purposes of the judicial nomination appointment process. This information will not be made available to public inspection except as required by law.

PART 1: If your answer to any of the following is "yes," please give full details on a separate sheet of paper.

(a)	Have you ever been arrested?	
	Yes	No 🗌
(b)	Have you ever been charged with, convicted of, or sentence for any crime or violation, including include minor traffic offenses resulting in fines	g OWI, DWI, DUI, or reckless driving? Do not
	Yes	No 🗌
(c)	Have you ever been investigated for professional disciplinary proceeding, or had any professional finding of professional misconduct? Please inclubody in which you were asked to respond to the dismissed.	ide and explain any complaint to a disciplinary
	Yes	No 🗌
(d)	Have you ever been placed on a child abuse, add	ult abuse, or sex offender registry?
	Yes	No
(e)	Have you ever been the subject of a no-contact	order?
	Yes	No 🗌
(f)	Have you ever been assessed, or threatened to b connection with the reporting of, or failure to re local, state, or federal office or agency?	
	Yes	No 🗌
(g)	Have you ever been subject to a tax forfeiture ac bankruptcy?	tion or have you ever filed for personal or business
	Yes	No 🗌
(h)	Have you ever been dishonorably discharged from	om military service?
	Yes	No 🗌
(i)	Have you ever been a party to or testified in a cr	riminal or civil court proceeding?
	Yes	No 🗌

Governor should be awa may disclose it to the Cl to the other members of	g else in your past conduct that may raise concerns or that the Commission or the d be aware of? If there is adverse information you are reluctant to disclose, you to the Chair of the Commission in a separate document. The Chair will disclose it mbers of the Commission only in a nonpublic session. If you are nominated by the e information will also be disclosed to the Governor.					
	Yes No No					
Governor's office and the Iow investigation to obtain inform	T 2: The District Judicial Nominating Commission, Iowa Judicial Branch Staff, the ernor's office and the Iowa Department of Public Safety may conduct a background tigation to obtain information about you. Please provide the following information and sign w to permit the investigation to be conducted.					
First Name	MI	Last Name				
Home address						
City	State	Zip				
Cell Phone	Office Phone	Home Phone				
Email Address						
Social Security Number	Driver's License Number	State				
Date of Birth	Place of Birth – City	Place of Birth – State				
I certify under penalty of perjurinformation I have provided about	ry and pursuant to the laws of the Stove is true and correct.	tate of Iowa that the background				
of Public Safety, and the Govern Department of Revenue, the Moother courts, credit references of institutions, business associates,	nor's office to obtain any and all recotor Vehicle Division, law enforcement bureaus, past and present employed, and acquaintances. I agree this informand the Governor's office for any	owa Judicial Branch, Iowa Department cords pertaining to me on file with the nent agencies, the Iowa Judicial Branch, ors, military services, educational formation may be utilized by the District or decision that directly relates to my				
Judicial Nominating Commission Governor's Office against any large remain in effect so long as my a Judicial Nominating Commission effect for the length of my emp	on, Iowa Judicial Branch, Iowa Depliability that may result from makin application for nomination and appoon or the Governor. And if appoints	g such requests. This release shall pintment is pending with the District ed to judicial office, it shall remain in nch. I understand that I may have a				
Signature		Date				



### State of Iowa

# **Credit History Disclosure Authorization and Consent Form**

**Judicial Applicant** 

## Please read carefully

#### **DISCLOSURE**

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/ licensing application. By the signature below, the applicant acknowledges that the lowa Department of Public Safety, Division of Criminal Investigation and **Global Screening Solutions**, have made this disclosure.

#### APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Iowa Division of Criminal Investigation** may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/ licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **Global Screening Solutions** at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, <u>customerservice@global-screeningsolutions.com</u>, <u>www.Global-ScreeningSolutions.com</u>, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **lowa Division of Criminal Investigation. Contact Global Screening Solutions, if you want to receive a copy of our Information Security <b>Policy.** 

#### I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide **Global Screening Solutions** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

#### CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name	First Name	Middle Name
List Other Names Used	Date of Birth (for identification only)	Social Security Number
Current Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
		PRELEASE MUST BE SIGNED
Applicant's Signature	Today's Date	